



SENIOR & LONG TERM CARE DIVISION COMMUNITY SERVICES BUREAU

HOME AND COMMUNITY BASED WAIVER Policy Manual

Section: ADMINISTRATIVE REQUIREMENTS

Subject: Provider Responsibilities

GENERAL RULE All providers of Home and Community Based Services must:

1. Retain records, which fully disclose the extent and nature of services provided to members and which support fees charged or payments made.
2. Keep, establish and maintain accounting records that accurately identify classify and summarize all Medicaid funds and monies received and disbursed and provide an adequate audit trail.
3. Accept Medicaid payment as payment in full and never charge member additional money unless it is to meet co-payments, incurment requirements, or for services not available under Medicaid.
4. Meet requirements of the Health Insurance Portability and Accountability Act (HIPAA).
5. Make Medicaid records available for audit or review by authorized state and federal staff.
6. Retain medical and financial records, supporting documents, and all other records supporting services provided for six years and 3 months. If any litigation, claim, or audit is started before the end of the six year and 3 month period, records must be retained until all litigation, claims or audit findings are resolved.
7. Be enrolled with XEROX as a Medicaid provider.
8. Document and verify Medicaid eligibility on a monthly basis.
9. File reports as required.
10. Successfully complete the quality assurance process, if required by the Department.
11. Provide a grievance procedure for members;

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12. Submit Serious Occurrence Reports in a timely manner (refer to HCBS 609 and CSB 305);
13. Report changes in provider contact information, addresses and telephone numbers in a timely manner to both the Department and XEROX; and
14. Comply with all other policies and procedures as outlined in this manual and the Administrative Rules of Montana.